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<h1>DECLARATION</h1>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ganesh				Balgi			
Inventor's Signature						Date	
Residence: City	Lebanon	State	IN	Country	US	Citizenship	IN
Post Office Address	246 Longley Drive						
Post Office Address	Lebanon, Indiana 46052 US						
City	Lebanon	State	IN	ZIP	46052	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jeffrey				Kao			
Inventor's Signature						Date	
Residence: City	Lake Jackson	State	TX	Country	US	Citizenship	US
Post Office Address	301 Huckleberry Drive						
Post Office Address	Lake Jackson, Texas 77566 US						
City	Lake Jackson	State	TX	ZIP	77566	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Huabei				Jiang			
Inventor's Signature						Date	6/2/99
Residence: City	Clemson SC	State	SC	Country	US	Citizenship	CN
Post Office Address	45 Bradley Street 125 Holly Ave. W						
Post Office Address	Clemson, South Carolina 29631						
City	Clemson	State	SC	ZIP	29631	Country	US

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(July 1998)

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Approved: _____ Date: 8/30/98. OMB 0651-0032

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

[illegible]

Additional provisional applications:		File Date (MM/DD/YYYY)
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Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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<h2 style="margin: 0;">DECLARATION</h2>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
---	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ganesh				Baldi			
Inventor's Signature	✓					Date	✓
Residence: City	Lebanon	State	IN	Country	US	Citizenship	IN
Post Office Address: 246 Longley Drive							
Post Office Address: Lebanon, Indiana 46052 US							
City	Lebanon	State	IN	ZIP	46052	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jeffrey				Kao			
Inventor's Signature	✓ Jeffrey Kao					Date	5-30-99
Residence: City	Lake Jackson TX	State	TX	Country	US	Citizenship	US
Post Office Address: 301 Huckleberry Drive							
Post Office Address: Lake Jackson, Texas 77566 US							
City	Lake Jackson	State	TX	ZIP	77566	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Huabei				Jiang			
Inventor's Signature	✓					Date	✓
Residence: City	Clemson	State	SC	Country	US	Citizenship	CN
Post Office Address: 45 Bradley Street							
Post Office Address: Clemson, South Carolina 29631							
City	Clemson	State	SC	ZIP	29631	Country	US

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DECLARATION — Supplemental Priority Data Sheet

[illegible]

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ganesh				Baldi			
Inventor's Signature	✓ <i>Ganesh Baldi</i>			Date	JUNE 1, 1999		
Residence: City	Lebanon	IN	State	IN	Country	US	Citizenship
Post Office Address	246 Longley Drive						
Post Office Address	Lebanon, Indiana 46052 US						
City	Lebanon	State	IN	ZIP	46052	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Jeffrey				Kao			
Inventor's Signature	✓			Date	✓		
Residence: City	Lake Jackson	State	TX	Country	US	Citizenship	US
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Huabei				Jiang			
Inventor's Signature	✓			Date	✓		
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Post Office Address	45 Bradley Street						
Post Office Address	Clemson, South Carolina 29631						
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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

[illegible]


Additional provisional applications:

Additional provisional applications:	
Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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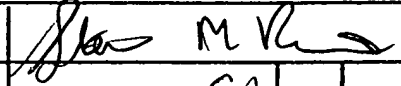

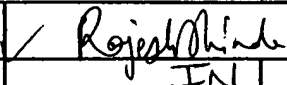
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Joseph				Pierce			
Inventor's Signature						Date	
Residence: City	Appleton	State	WI	Country	US	Citizenship	US
Post Office Address	116 E. Glendale Avenue						
Post Office Address	Appleton, Wisconsin 54911						
City	Appleton	State	WI	ZIP	54911	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Steven				Richter			
Inventor's Signature						Date	
Residence: City	Brunswick GA	State	GA	Country	US	Citizenship	US
Post Office Address	116 Queens Court						
Post Office Address	Brunswick, Georgia 31523 US						
City	Brunswick	State	GA	ZIP	31523	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Rajesh				Shinde			
Inventor's Signature						Date	06/01/99
Residence: City	West Lafayette	State	IN	Country	US	Citizenship	IN
Post Office Address	180 Burke Court #312						
Post Office Address	West Lafayette, Indiana 47906						
City	West Lafayette	State	IN	ZIP	47906	Country	US

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valid OMB control number.**

Additional foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
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Additional provisional applications:					
Application Number		Filing Date (MM/DD/YYYY)			
Additional U.S. applications:					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		

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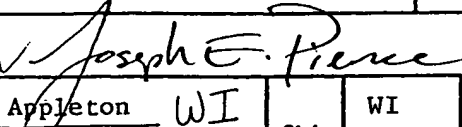
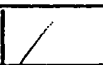

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DECLARATION

ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
<u>Joseph</u>				<u>Pierce</u>			
Inventor's Signature						Date	<u>5/28-99</u>
Residence: City	<u>Appleton</u>	State	<u>WI</u>	Country	<u>US</u>	Citizenship	<u>US</u>
Post Office Address	<u>116 E. Glendale Avenue</u>						
Post Office Address	<u>Appleton, Wisconsin 54911</u>						
City	<u>Appleton</u>	State	<u>WI</u>	ZIP	<u>54911</u>	Country	<u>US</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
<u>Steven</u>				<u>Richter</u>			
Inventor's Signature						Date	<input checked="" type="checkbox"/>
Residence: City	<u>Brunswick</u>	State	<u>GA</u>	Country	<u>US</u>	Citizenship	<u>US</u>
Post Office Address	<u>16 Queens Court</u>						
Post Office Address	<u>Brunswick, Georgia 31523 US</u>						
City	<u>Brunswick</u>	State	<u>GA</u>	ZIP	<u>31523</u>	Country	<u>US</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
<u>Rajesh</u>				<u>Shinde</u>			
Inventor's Signature						Date	<input checked="" type="checkbox"/>
Residence: City	<u>West Lafayette</u>	State	<u>IN</u>	Country	<u>US</u>	Citizenship	<u>IN</u>
Post Office Address	<u>180 Burke Court #312</u>						
Post Office Address	<u>West Lafayette, Indiana 47906</u>						
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PTC/SL028 (3-97)
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Additional foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional provisional applications:	
Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:			
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
60/050,809 08/747,112 PCT/US97/20539	06/26/1997 11/08/1996 11/07/1997	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
L. Scott PAYNTER	#39,797		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	L. Scott PAYNTER at Woodard, Emhardt, Naughton, Moriarty & McNett				
Address	Bank One Center/Tower, Suite 3700				
Address	111 Monument Circle				
City	Indianapolis	State	IN	ZIP	46204
Country	US	Telephone	317-634-3456	Fax	317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Eva		Sevick-Muraca	
Inventor's Signature	<i>Eva Sevick-Muraca</i>		Date
Residence: City	Lafayette IN	State	IN
		Country	US
Post Office Address	7650 E. 100 North		
Post Office Address	Lafayette, Indiana 47905 US		
City	Lafayette	State	IN
		ZIP	47905
		Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
L. Scott PAYNTER	#39,797		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	L. Scott PAYNTER at Woodard, Emhardt, Naughton, Moriarty & McNett				
Address	Bank One Center/Tower, Suite 3700				
Address	111 Monument Circle				
City	Indianapolis	State	IN	ZIP	46204
Country	US	Telephone	317-634-3456	Fax	317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Eva		Sevick-Muraca			
Inventor's Signature	<i>Eva Sevick-Muraca</i>			Date	<input checked="" type="checkbox"/>
Residence: City	Lafayette	State	IN	Country	US
Post Office Address	7650 E. 100 North				
Post Office Address	Lafayette, Indiana 47905 US				
City	Lafayette	State	IN	ZIP	47905
				Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing *unsigned* OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PUR-63/75P:USFirst Named Inventor Eva SEVICK-MURACA**COMPLETE IF KNOWN**Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARTICLE ANALYSIS SYSTEM AND METHOD

the specification of which

(Title of the Invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) 11/07/1997 as United States Application Number or PCT InternationalApplication Number US97/20539 and was amended on (MM/DD/YYYY) 01/22/99 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
<u>08/747112</u>	<u>US</u>	<u>11/08/1996</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>US97/20539</u>	<u>PCT</u>	<u>11/07/1997</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<u>60/050,809</u>	<u>06/26/1997</u>	

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(July 1998)